

The Minister and the New Counseling

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I

A burgeoning increase in personality maladjustments and mental illness during and following World War II, both in and out of the armed forces, greatly overtaxed the ability of medical personnel to provide adequate care. Since the demand for psychiatrists exceeded the supply, a larger share of psychotherapeutic responsibility was given to clinical psychologists, who had been active in rather specialized fields, such as psychometrics.

In this atmosphere of urgency, nondirective counseling, although hardly known ten years ago, came into wide prominence. The strongest commendation of this new system was doubtless the claim of its founder, that intensive training is not required and that the relatively simple methods could be learned and practiced by semi-professional counselors, or even "the newcomer to the counseling field."¹ As a consequence, many counselors have been trained in client-centered therapy and are applying it in situations ranging from vocational guidance to psychiatric hospitals.

Nondirective counseling was first formally presented by Rogers² in 1942. A unique feature of his book was the transcript and discussion of a complete course of electrically recorded interviews. It is generally agreed that by popularizing the use of verbatim transcripts for study and analysis, Rogers contributed importantly to more exact appraisal of the counseling process. By classifying and studying statistically the remarks of counselor and counselee, he demonstrated the objective examination of various psychotherapeutic procedures. The value of this contribution has been widely acknowledged, although there is as yet little support for Rogers' sweeping claim:

We can investigate objectively almost any phase of psychotherapy about which we wish to know, from the subtlest aspect of the counselor-client relationship to measures of behavioral change.³

Rogers designated his system as "client-centered," contrasting it with the traditional psychotherapeutic relationship which he calls

¹ Carl R. Rogers and J. L. Wallen, *Counseling with Returned Servicemen*, (New York: McGraw Hill, 1946) p. 149.

² *Counseling and Psychotherapy*, (New York: Houghton Mifflin, 1942.)

³ *Client-Centered Therapy*, (New York: Houghton Mifflin, 1951), p. 13.

"counselor-centered." Advice and persuasion are condemned, because in using these the counselor selects the goal and tries to influence the counselee to move in that direction. Such methods, Rogers alleges, imply that "the counselor knows best" and produce or increase dependency. Moreover, to preserve his integrity, the counselee becomes defensive and is likely to reject the offered counsel.

Client-centered therapy affirms the ability of the client to solve his own problems. The counselor refrains from suggestion, interpretation or even clarification in the interviews. His rôle is to enter emphatically into the client's world of perception and to manifest understanding and acceptance. He does this by making non-declarative responses reflecting the client's feelings and statements, and communicating his own emphatic identification with his client.

Even though the counselor may understand the dynamics of personality better than his client, the nondirective school affirms the capacity and the right of the individual to achieve a happier, better integrated adjustment to living without guidance.

In analyzing "counselor-centered" interviews, Rogers found that the counselor might talk four times as much as his counselee. In contrast, during nondirective interviews, the client might talk six or seven times more than the counselor. So little does the counselor add, that a transcript of the client's remarks alone would give an adequate picture of a nondirective interview.

The counselor may not be declarative lest he convey subtle disrespect for the client's own capacity. Neither can the counselor seem indifferent lest the client feel he is being rejected. Somewhere between, the nondirective therapist is thinking, feeling and exploring with the client. Methods and technics, although stressed in earlier publications, are now looked upon as secondary and consequential to counselor attitudes.

Client-centered counseling regards itself as a basic psychotherapeutic orientation that cannot be combined successfully with any other method.⁴ Rogers deploras "superficial" and "confused eclecticism . . . prevalent in psychotherapy (which) has blocked scientific progress."⁵

In this permissive atmosphere, the client has no need to be

⁴ W. U. Snyder, "Dr. Thorne's Critique of Nondirective Psychotherapy," *J. Abn. Soc. Psychol.* XL (1945) 336.

⁵ *Ibid.*, p. 24.

defensive, and gradually gains insight into his own emotional tensions. Progress out of his difficulty is assured by the principle of "growth," an hypothetical universal gravitation toward self-enhancement and maturity. Through the operation of this tendency, the counselor may have confidence that his client will make wise choices and take positive action without assistance from him.

When all the elements are clearly perceived, the balance seems invariably in the direction of the painful but ultimately rewarding path of self-actualization or growth . . . Given the opportunity for clear-cut choice between forward-moving and regressive behavior, the (growth) tendency will operate.⁶

Avoidance of any coercion, pressure or even bias on the part of the counselor necessitates the complete abdication of all moral approval or disapproval in the nondirective counseling situation.⁷ Moreover, complete permissiveness is incompatible with any relationship of authority of counselor over client.⁸

Is the therapist willing to give the client full freedom as to outcomes? . . . Is he willing for him to choose goals that are social or antisocial, moral or immoral? . . . Even more difficult, is he willing for the client to choose regression rather than growth or maturity? to choose neuroticism rather than mental health? to choose to reject help, rather than accept it? to choose death rather than life? To me it appears that only as the therapist is completely willing that *any* outcome, *any* direction, may be chosen—only then does he realize the vital strength of the capacity and potentiality of the individual for constructive action.⁹

In traditional psychotherapeutic procedure, an important function of the therapist is to diagnose the client's difficulty, with the obvious purpose of selecting the most appropriate treatment and predicting the probable course and outcome. Nondirective counseling offers no choice of therapy, hence diagnosis does not determine treatment. Since "the constructive forces . . . reside primarily in the client, and probably cannot come from outside"¹⁰ he provides his own treatment in the atmosphere of warmth furnished by an emphatic but relatively inactive counselor.

In this process, diagnosis not only is unnecessary, but may be harmful. Diagnosis by the counselor brings to the client the recognition that his improvement depends upon another person. This

⁶ Rogers, *Ibid.*, p. 490-491.

⁷ Rogers, *Counseling and Psychotherapy*, p. 90.

⁸ *Ibid.*, p. 109.

⁹ Rogers, *Client-Centered Therapy*, p. 48.

¹⁰ *Ibid.*, p. 222.

realization, the Rogerian argument runs, leads to a basic loss of confidence in himself and to a greater dependence upon the counselor. Client-centered therapy contends that therapy *is* diagnosis, that diagnosis is a process taking place in the client's mind, not the counselor's. He makes and accepts his own diagnosis. By thus liberating the client from the counselor, Rogers claims "a psychology of personality and of therapy which leads in the direction of democracy."¹¹

We have come to recognize that if we can provide understanding of the way the client seems to himself at this moment, he can do the rest. The therapist must lay aside his preoccupation with diagnosis and his diagnostic shrewdness, must discard his tendency to make professional evaluations, must cease his endeavors to formulate an accurate prognosis, must give up the temptation subtly to guide the individual, and must concentrate on one purpose only; that of providing deep understanding and acceptance of the attitudes consciously held at this moment by the client . . .¹²

II

The severest criticism of client-centered therapy has come from Rogers' colleagues in the field of clinical psychology. In attacking a system so tentative, critics are shooting at a moving target, for its author acknowledges that the system has changed and predicts that it will change further. His reservations would make it possible to change the rules of the game, move the goalposts or join the opposition.

Ellis voices a common objection to the choice of the terms, "nondirective" and "client-centered" on the ground that both are misleading and propagandistic. "Modern psychiatry with few exceptions is practically synonymous with both nondirectiveness and client-centeredness." The pre-empting of these terms for the description of one school of therapy is unfair to most other psychotherapeutic schools.

Ellis resists the contention that certain features of client-centered therapy are unique. He sees the uninterrupted free association of psychoanalysis as being often more nondirective than Rogerian procedure, which selects one of the client's statements for recognition and becomes to that extent directive. By adding interpretation of dreams and fantasies, the analyst can come even closer to achieving the client's frame of reference than the Rogerian ther-

¹¹ *Ibid.*, p. 225.

¹² *Ibid.*, p. 30.

apist. The nondirective counselor may offer less warmth to the client than other therapists who are free to give reassurance.¹³

Thorne charges that "research reports on nondirective therapy have been written and discussed in a style charged with emotional overtones and betraying an overenthusiastic and uncritical acceptance . . . bordering on cultism." Attempts to associate nondirective methods with democracy are unscientific, indefensible and indicative of emotional bias. "The facts and methods of modern clinical science must stand on their own validity independent of whether they are consistent with any political ideology."

The client-centered school have categorically condemned directive psychotherapy with little objective evidence relating to its claimed defects. Thorne suggests that such evidence may be lacking because most nondirective therapists do not have the training and competence to use any other method.

Thorne applied nondirective therapy to 200 cases in his own private practice covering a wide variety of psychiatric disorders. These ranged from minor personality reactions to severe psychoses. In some cases nondirective therapy was the only form of treatment. In others, the method was used to achieve limited objectives. He concluded that nondirective methods have definite value but that they have no universal validity as a complete system of therapy.¹⁴

Suggestion, persuasion and advice do not inevitably violate the client-centered principle and stimulate dependence, says Thorne. Citing the plethora of suggestion offered daily to most people, he recognizes the importance of having the client learn to make critical evaluation of advice and to look to the best possible sources for it.¹⁵

Thorne strongly advocates the integration of all psychotherapeutic methods into an eclectic system and has written a comprehensive volume embodying this approach.¹⁶

Clinicians should desensitize themselves concerning the elaborate rituals which they come to feel are absolutely necessary for effective treatment.

¹³ "A Critique of the Theoretical Contributions of Non-Directive Therapy," *J. Clin. Psychol.* IV (1948) 248.

¹⁴ "Further Critique of Nondirective Methods of Psychotherapy," *J. Clin. Psychol.* IV (1948) 256.

¹⁵ "Directive Psychotherapy: XIV. Suggestion, Persuasion and Advice," *J. Clin. Psychol.* IV (1948) 70.

¹⁶ *Principles of Personality Counseling*, (Brandon, Vt.: Journal of Clinical Psychology, 1950.)

Most therapeutic methods are not precision instruments which must be administered according to a rigid technique in order to be successful. There is opportunity for the effective use of many methods with numerous variations in technique. Our regard should be focused on goals of therapy rather than on dogmatic adherence to specific methodology.¹⁷

Wrenn sees the client-centered, counselor-centered choice not as a dichotomy but as the extremes of a continuum, the skillful counselor knowing when to apply each of the procedures available along the line.¹⁸ Brouwer concludes, "There is no one best way. It is not permissive versus prescriptive counseling, but rather both, as techniques to achieve the objectives for which each is best suited."¹⁹

Hathaway²⁰ emphasizes the failure to establish a clear-cut cause-and-effect relationship between the nondirective method and observed improvement. Rapport, a feature common to nearly all types of counseling, is itself a powerful therapeutic factor. Almost any form of attention, skilled or unskilled, is likely to result in some improvement. Thorne found that clients were beginning to turn up for treatment elsewhere after nondirective therapy.

What shall be the criteria of psychotherapeutic benefit? There must be changes in the life of the client, not merely changes in the interview. Most of the studies on effects of nondirective counseling are based on pre- and post-therapeutic interviews or tests. Interviews are highly subjective for such a purpose, being subject to strong influence by social factors in the counseling relationship. (How many clients "cured" themselves without confessing afterward, as Rogers' client did?)²¹ Until experimental evidence is available, Hathaway concludes, the best judge of the effectiveness of a method is the counselor with wide clinical experience in many psychotherapeutic methods.

Efforts to measure improvement following nondirective therapy have given indeterminate results. Rogers recognizes the need

¹⁷ "A Critique of Nondirective Methods of Psychotherapy," *J. Abn. Soc. Psychol.* XXXIX (1944) 459.

¹⁸ "Client-Centered Counseling," *Educ. Psychol. Measmt.* VI (1946) 439.

¹⁹ Paul J. Brouwer, *Student Personnel Services in General Education*. (Washington: American Council on Education, 1949) p. 26.

²⁰ "Some Considerations Relative to Nondirective Counseling as Therapy," *J. Clin. Psychol.* IV (1948) 226.

²¹ Rogers, *Ibid.*, p. 169.

to establish correspondence between reported behavior and actual behavior.²² He concedes that both the method of therapy and the criteria of improvement are relatively unvalidated procedures.

People do not ordinarily change in overwhelming degree as a result of client-centered therapy... The change is modest but important... It is probable, however, that with any therapy it will be found that a modest amount of change in the basic personality is the outcome to be expected.²³

The growth postulate advanced by Rogers elicits several objections from Snyder.²⁴ The principle has never been experimentally demonstrated and there are no objective data to support it. Alternate hypotheses exist to account for therapeutic improvement. And what of the growth tendency in the person who refuses treatment or chooses suicide? Thorne concludes that growth principles cannot be depended upon inevitably to produce improvement. The Freudian postulate of the death instinct is recognition of this fact.²⁵

The viewpoint of the nondirective school that early diagnosis is unnecessary or harmful implies that the psychologist is competent to deal with whatever illness may emerge as treatment progresses. Rogers even suggests reversal of the usual order whereby organic illness is ruled out first.

Psychotherapy might be started at once, provided the patient was willing; and if the symptoms did not improve after a reasonable length of time, the chance that they might be organic in origin could then be investigated.²⁶

The obvious danger in such an approach is set forth clearly in a report prepared by the Committee on Clinical Psychology of the Group for the Advancement of Psychiatry:

The independent operation of clinical psychologists may lead to diagnostic error, the failure to detect serious psychiatric conditions in their early stages, or failure to recognize physical disorder which may be the basis of the maladjustment. It is worth recalling that psychiatric disorder may appear in its early stages as an apparently irrelevant physical symptom or sign, or as a minor maladjustment problem. During the course of psychotherapy it may be difficult to judge whether a certain aspect of maladjustment or physical sign or symptom should be treated at once or temporarily ignored. If the clinical psychologist works in close, continuous association with the psychia-

²² A. E. Hoffman, "A Study of Reported Behavior Changes in Counseling," *J. Consult. Psychol.* XIII (1949) 190.

²³ Rogers, *Ibid.*, p. 179.

²⁴ "The Present Status of Psychotherapeutic Counseling," *Psychol. Bull.* XLIV (1947) 297.

²⁵ "Further Critique of Nondirective Methods of Psychotherapy," *J. Clin. Psychol.* IV (1948) 256.

²⁶ *Ibid.*, p. 227.

trist, he will have someone who can assume professional and legal responsibility. Anyone who intends to deal with maladjustment as an independent professional person must be able to diagnose it and to cope with emergency situations.²⁷

At this point even the rather feeble commendation that client-centered therapy "does not seem to do harm to the individual" would have to be qualified.²⁸

The ability to diagnose neuropsychiatric disorders requires long and arduous training. Hunt suggests that the nondirective rejection of diagnosis may be "not a theoretical conclusion drawn from the adequacy of the client-centered technique, but rather a practical conclusion dictated by the inadequacy of nondirective clinical training."²⁹

In the light of efforts conducted over a decade designed to broaden and strengthen the preparation of clinical psychologists, and in the face of temptation to meet an increasing demand by reducing the quality of service offered, Louttit³⁰ deplores any reduction in standards and considers it necessary for the profession to look with disfavor upon Rogerian methods.

III

Nondirective therapy has been generally welcomed for use by religious counselors. During World War II the Federal Council of Churches published a leaflet describing its use.³¹ The writings of Rogers and his pupils have also appeared extensively in pastoral journals. Client-centered counseling has been commended for use in Christian education.³² A number of the books on pastoral counseling are frankly based upon client-centered principles. Hiltner's

²⁷ "The Relation of Clinical Psychology to Psychiatry," *Am. J. Orthopsychiatry*, XX (1950) 346.

²⁸ Rogers, *Ibid.*, p. 230.

²⁹ "Diagnosis and Non-Directive Therapy," *J. Clin. Psychol.* IV (1948) 232.

³⁰ "Training for Non-Directive Counseling: A Critique," *J. Clin. Psychol.* IV (1948) 236.

³¹ Carl Rogers, *A Counseling Viewpoint*, (New York: Federal Council of Churches, 1945.)

³² Frank Cheavens, "A Successful and Safe Counseling Technique," *New Century Leader*, March, 1950, p. 5.

³³ Seward Hiltner, *Pastoral Counseling*, (New York: Abingdon-Cokesbury, 1949.)

"eductive" counseling is closely related.³³ Some objections to the system have appeared because of its theological implications.^{34, 35}

Rogers' writings contain little mention of religion, but a critical examination shows that some of the premises and implications of client-centered therapy are in sharp conflict with evangelical Christian faith. It is difficult to accept the conclusion of Higgins who finds "nothing in client-centered therapy which nullifies or challenges essential Christian teaching."³⁶ His efforts to demonstrate a congeniality between client-centered therapy and certain common doctrinal concepts are superficial and at times tortured. (" 'To be born again' is a significant and adequate description of what happens in successful therapy.") A realistic facing of the Rogerian teaching on authoritarianism would make such a reconciliation unthinkable.

There is no tolerance in the client-centered method for authoritarian systems. It is anticipated that in the process of therapy the client will become dissatisfied with the values he has inherited from others. When he realizes that he has been following a system that others have prescribed, not what his own experience has proved valuable, the introjected ideas will be discarded.

If he cannot longer accept the "ought" and "should", the "right" and "wrong" of the introjected system, how can he know what values take their place? . . . Just as the infant places an assured value upon an experience, relying on the evidence of his own senses . . . so too the client finds that it is his own organism which supplies the evidence upon which value judgments may be made . . . No one needs to tell him that it is good to act in a freer and more spontaneous fashion, rather than in the rigid way to which he has been accustomed . . . He discovers that he does not need to *know* what are the correct values; through the data supplied by his own organism he can experience what is satisfying and enhancing. He can put his confidence in a valuing *process*, rather than in some rigid, introjected *system* of values . . . One of the ultimate ends, then, of an hypothesis of confidence in the individual, and in his capacity to resolve his own conflicts, is the emergence of value systems which are unique and personal for each individual.³⁷

Every individual derives most of the ideas upon which his

³⁴ W. E. Hulme, "Theology and Counseling," *Christian Century*, February 21, 1951, p. 238.

³⁵ O. S. Walters, "Varieties of Spiritual Malpractice," *The Pastor*, June, 1948, p. 14.

³⁶ "Client-Centered Psychotherapy and Christian Doctrine," *J. Pastoral Care*, III (1949) 1.

³⁷ Rogers, *Ibid.*, pp. 522, 523, 524.

everyday conduct is based from authoritarian sources. The knowledge which enables us to get into harmony with natural law is largely derived from others. Most of our introjected values come through the experience of the race transmitted in various ways from one generation to the next: history, moral and civil codes, parental nurture, the experience of the historic church, man's search for God and God's revelation of himself to man as recorded in the Bible.

In the place of such teaching, which may prevent the painful and wasteful learning of trial-and-error, this philosophy would establish a pragmatic basis for deriving values. Standards of right and wrong "unique and personal for each individual" would take the place of moral absolutes.

Extending this approach to education places its non-authoritarian implications in sharp focus. Rogers acknowledges that adoption of the client-centered method in the classroom would mean turning present-day education upside down. Presumably this means that the teacher would have the inverted rôle of emphatic listener. Finding such teachers is likely to be difficult, says Rogers. "The question as to whether he can behave flexibly, in a way which is determined by the desires of the group, is a very difficult one for most teachers."³⁸

Robert M. Hutchins' quip about educators would find literal application in such a teaching situation. "(They) remind one of the French Revolutionist who said, 'The mob is in the street. I must find out where they are going, for I am their leader.'"³⁹

It would be difficult for any minister to enter upon a counseling situation in which there would be complete absence of moral judgment, even though he might wish to do so. Regardless of whether he makes moral declarations, the minister embodies the tradition of the historic church and is the recognized ambassador of God. *Ex officio*, he is a man with a message. His prophetic office is to proclaim God's redeeming love to sinful men. Most people seeking counsel from a minister come with a clear understanding of his mission.

Where is the minister with a sense of vocation so stultified that he would be "willing that *any* outcome, *any* direction may be

³⁸ *Ibid.*, p. 401.

³⁹ *Time*, Nov. 21, 1949.

chosen" by his troubled parishioner? The counselor who accepted such an artificial stricture would have to tolerate error without offering truth in its place. He would have to contain the Good News unshared, even though it might set his groping counselee free.

The humanistic premises of client-centered counseling are in standing conflict with the Christian doctrine of man. Belief in an innate upward thrust toward self-betterment requires a staggering act of faith. The shallow optimism both of humanism and of liberal theology, basing their hopes upon this same inherent trend toward goodness, has been blighted by the tragic realities of two world wars. The theology of crisis, deplored as pessimistic, is nevertheless truer to reality. Man has *not* chosen self-enhancement. He has *not* shown inward self-sufficiency to solve his own problems, either individually or collectively. He is in the cosmic predicament of continuing to choose evil while aspiring to do good.

Client-centered philosophy urges continuing faith in man's essential capacity for self-improvement and emphasizes the importance of supporting the client's confidence in his self-sufficiency. The Christian doctrine of man teaches,

Only one who has been awakened to the full seriousness of his own guilt, and his own inability to overcome it, is in a position to look for and to accept the only adequate remedy—namely, the saving power of God's love and forgiveness in Jesus Christ, whereby He does something for us which we cannot do for ourselves.⁴⁰

One of Rogers' students, after a critical study of client-centered principles in relation to the Christian doctrine of man, concluded that both Liberalism and client-centered therapy stand in need of the corrective influence of Neo-orthodoxy's claims: (1) that man's collective relations are not as amenable to reason and understanding as both assume; and (2) that there is a tragic and inevitable measure of misuse of freedom (or of neuroticism) in man's personality structure.⁴¹

The Catholic church, also, finds client-centered pronouncements on authoritarianism and the Rogerian doctrine of man intolerable.

Obviously no Catholic can accept such implications. Carl Rogers, him-

⁴⁰ David E. Roberts, *Psychotherapy and a Christian View of Man*, (New York: Scribners, 1950) p. 108.

⁴¹ Russell J. Becker, *A Critical Study of Client-Centered Therapy with Reference to Its Assumptions and Its Contributions to the Christian Doctrine of Man*. Ph.D. Thesis. (Chicago: University of Chicago, 1950.)

self doubtful about reconciling his system with Catholicism, has expressed in oral communication his concern about the Catholic followers of his therapy. He said that either Catholics do not grasp the implications of client-centered therapy, and in that case they will necessarily do superficial work, or they do grasp those implications, and in that case it is difficult to see how they can avoid a serious conflict with their belief.⁴²

(The monograph by Curran,⁴³ a Catholic clergyman who conducted a detailed study using the nondirective method under the direction of Rogers, makes no mention of such conflict.)

It is clear that the client-centered method has a naturalistic context. Rogers affirms his confidence in the adequacy of science to achieve truth. "The security which all of us must have tends to become lodged, not in the dogma, but in the process by which truth is discovered, in scientific method."⁴⁴

The therapist who elects to limit himself to the areas of human experience amenable to study by science can never have a complete understanding of man. The limitations of the scientific method will shut off the positivist from apprehending that portion of reality having the greatest significance in personality adjustment. He is like a color-blind man viewing a rainbow. There are areas in the spectrum of personality that he fails to see or misconstrues because of his self-imposed limitation. When spiritual values are basic to the harmonious adjustment of personality, the naturalistic therapist may be as inadequate as a color-blind person trying to paint a rainbow.

The objection of the naturalist that he doesn't know anything about spiritual values deserves the classic reply of the Christian, "I refuse to let my knowledge, however meager, be offset by your ignorance, however vast." Divine grace as a means to inward and outward harmony is a reality verifiable by the counselor in his own experience. A remedy so widely attested in the healing of personality ills as Christian faith demands investigation by any conscientious therapist. The counselor who has not experienced divine forgiveness can never have an adequate understanding of what happens when personality conflict due to moral lapse meets the forgive-

⁴² J. H. VanderVeldt and R. P. Odenwald, *Psychiatry and Catholicism*, (New York: McGraw-Hill, 1952) p. 101.

⁴³ Charles A. Curran, *Personality Factors in Counseling*, (New York: Grune & Stratton, 1945.)

⁴⁴ "A Coordinated Research in Psychotherapy," *J. Consult. Psychol.* XIII (1949) 149.

ing and transforming power of divine love. "There is such a thing as a Christian context for counseling and its claim to superiority is simply that it is truer to the facts of human existence and divine reality than any materialistic context whatsoever."⁴⁵

Likening the therapist's knowledge to the morally neutral scientific procedure of the physician or surgeon is egregious flattery. Unsatisfactory as the treatment of organic disease may be, it hardly suffers from the diversity of cults that characterizes psychotherapy. From the same small nucleus of fact about human nature, each cult has developed a larger mass of hypothesis and dogma that calls for its own different meliorative procedure. The multiplicity of methods bespeaks the scatter of supporting philosophies. Moreover, as Outler has clearly discerned,

Psychotherapy does—as surgery does not—bring the persons involved up to the vital border between knowledge and faith. Here—since the whole person is the subject—the therapist's convictions about the root meanings of existence, of life and death and destiny, shape the form and use of their knowledge.⁴⁶

If a naturalistic philosophy gives an incomplete understanding of man's nature, therapy based upon such a philosophy will be correspondingly limited. A therapeutic procedure will reach as far as its facts will take it. Its efficacy thereafter will be limited by the correctness of its hypothesis. The materialistic concepts of psychology were enlarged and enriched by the contributions of depth psychology and the therapeutic effectiveness of psychiatry was extended, even though much theoretical chaff must still be separated out. The physiological concept of homeostasis may have a psychological analogy, but the psychologist's "whole" is incomplete without including man's spiritual nature. Here the insights of Christian theology are indispensable to complement the partial understanding of the materialistic and inner-release approaches to therapy.

The prospect of becoming a psychotherapist in a few easy lessons is likely to have great appeal to the minister. "A valid and effective means of transforming the pastoral counselor into a dynamic agent in personality adjustment" sounds like an ad-writer.

⁴⁵ Albert C. Outler, *A Christian Context for Counseling*, (New Haven: Hazen Foundation. Pamphlet No. 18. 1945.)

⁴⁶ Albert C. Outler, "Christian Faith and Psychotherapy," *Religion in Life*, XXI (1952) 503.

"(Its) techniques may be readily learned and effectively applied without the necessity of a medical background or a rigid psychological training . . . It works with the neurotic and with the normal, with the educated and the unsophisticated, with both chronic and acute cases."⁴⁷

This press-agent appraisal needs to be tempered by the realistic viewpoint of professional therapists.

Advisory counselling given by clergymen, teachers, lawyers, nurses, parents and others to their constituency is not psychotherapy. Psychotherapy, a formalized method to alleviate illness or maladjustment, requires an extensive training.⁴⁸

Even enthusiastic practitioners of the nondirective method recognize its limitations in the pastoral function.

Client-centered counseling is not a panacea for the handling of every pastoral relationship . . . The pastor should be ready to recognize the times and places in his pastoral work where the situation . . . may give a secondary or surface difference in the manner of his counseling.⁴⁹

Client-centered counseling is a technique inflated into a school of thought. "In a decade we have seen client-centered therapy develop from a method of counseling to an approach to human relationships."⁵⁰ It has grown into a rigid, all-or-none system in which the slightest deviation is prohibited under the standing threat of detonating a highly labile relationship. The marked increase in the number of interviews per patient, noted but not explained by Rogers,⁵¹ may well be due to the vanishing participation of the counselor as the technique grew into a "pure" system.

As a technique, the nondirective method has been a wholesome antidote to the ministerial tendency to dominate and direct, both in the counseling situation and out of it. Let the minister recognize that he needs to speak less and listen more. Let him make wide use of the nondirective approach, combining it with appropriate direction in the manner that Burkhart⁵² has described, or

⁴⁷ Higgins, *loc. cit.*

⁴⁸ W. C. Menninger, "The Relationship of Clinical Psychology and Psychiatry," *Bull. Menninger Clinic*, XIV (1950) 1.

⁴⁹ Russell Becker, "Nondirectiveness in Marital Counseling," *Pastoral Psychology*, II (May, 1952) 56.

⁵⁰ Rogers, *Ibid.*, p. 12.

⁵¹ *Ibid.*, p. 10.

⁵² Roy A. Burkhart, "Full Guidance Counseling," *Pastoral Psychology*, II (April, 1952) 23.

using many variations in specific methodology, as Hiltner⁵³ recommends.

As a school of thought, client-centered counseling begins with a premise quite in harmony with Christian reverence for personality, but it plunges directly into a naturalistic humanism quite irreconcilable with Christian doctrine. There is a needle of Christian truth in the haystack of Rogerian dogma.

The Christian sees personality of infinite worth achieving its full self-realization only when reconciled to God and aligned with his will. The growing body of psychologic and psychiatric truth is sorely needed, but no psychotherapy can take the place of God's forgiving grace to resolve the guilt of sin. The healing of man's direst maladjustment has not had to await the measured advance of science, but becomes a triumphant realization wherever a penitent meets the Good News.

⁵³ Hiltner, *Ibid.*, p. 255.